

COMMUNITY POWERED REVITALIZATION PROGRAM

APPLICATION PACKET

PLEASE MAIL OR DELIVER THE COMPLETED PACKET IN ITS ENTIRETY TO THE EULESS FIRE
ADMINISTRATION BUILDING ATTN: MELISSA THOMAS AT 201 NORTH ECTOR DRIVE, EULESS, TEXAS 76039.

WHAT IS THE COMMUNITY POWERED REVITALIZATION PROGRAM?

The Community Powered Revitalization (CPR) Program was created to help pair volunteers with homeowners from the cities of Hurst and Euless who are unable to complete necessary repairs to their homes because of difficulties or circumstances beyond their control.

AM I ELIGIBLE FOR THE CPR PROGRAM?

The CPR program is designed to assist those homeowners who are in the greatest need of assistance and are unable to perform the necessary work themselves. Certain guidelines must be met before a homeowner will be considered eligible for assistance through the CPR program. These include but are not limited to income restrictions and length of time at current residence. Additional consideration is given to homeowners who are disabled, chronically ill, elderly, or a single head of household with dependents living with them. To determine if you are eligible for this program, please fill out the attached application and a member of the CPR Committee will contact you within 1-2 weeks from the date the application is submitted to discuss your situation.

HOW LONG DOES IT TAKE FOR MY HOME TO BE REPAIRED?

Once it is determined that a homeowner is eligible for the CPR program, their address will be added to a list of homes currently needing assistance. This list is shared with volunteer organizations who have partnered with the cities of Hurst and Euless to assist with the CPR Program. Volunteers include churches, businesses, civic organizations and individuals who have a desire to help. These are the organizations that will ultimately select your specific home and complete the necessary repairs. Since this is a volunteer based program, we cannot guarantee a time frame of when or if your home will be chosen from this list. It is also a possibility that only a portion of the items you requested will be completed due to the limitations of the volunteer organizations.

HOW DO I APPLY TO THE CPR PROGRAM?

To apply for assistance through the CPR Program, please complete this entire application and return it to the Euless Public Library Attention: Susan Neal. An CPR committee member will contact you within 1-2 weeks from the date the application is submitted to discuss your situation, schedule an inspection of your property, and answer any questions you might have about the program. If you need assistance with this application please call Betsy Deck at 817-685-1821.



COMMUNITY POWERED REVITALIZATION PROGRAM APPLICATION FORM

APPLICANT MUST BE THE LEGAL OWNER OF THE PROPERTY AND RESIDE AT THE ADDRESS INDICATED ON THIS FORM

APPLICANT CONTACT INFORMATION:	Date:					
Name:						
Street Address:	Zip Code:					
Email:						
Home Phone:	Alt. Phone:					
Best time to call?	Best time to come by?					
How long have you lived at this residence?	Years Months					
Do any of the following apply to you? Check all	that apply.					
☐ Handicapped						
☐ Disabled						
☐ 62 years of age or older						
☐ Head of household with a dependent of	child living in the home who is under the					
age of 18 or a full-time student						
How many people currently live in your home? _						
Based on number of occupants, does your TOTAI indicated on the chart below? (Adopted from the U.S. Department of Housing & Ur.	L HOUSEHOLD INCOME fall below the level Yes No ban Development- Dallas- Fort Worth- Arlington- FY 2008)					
Number of Occupants: 1 2 3 Income Levels \$37,250 \$42,550 \$47,900	4 5 6 7 8 or more \$53,200 \$57,450 \$61,700 \$65,950 \$70,200					
Do you have documentation to support your answ	vers? □Yes □No					
Are you willing to provide copies of this documen	ntation for verification purposes? □Yes □No					
O FFICE	E USE ONLY					
SPECTION SCHEDULED FOR:/	INSPECTOR:					
DOPT-A-HOME / NEIGHBORHOOD INTEGRITY LEVEL:	PHOTOGRAPHS TAKEN: •YES •NO					
OTENTIAL CANDIDATE FOR TARRANT COUNTY HOME PROJECT	T: □YES □NO					

Please use the space below attach additional sheets of pa	to describe what repairs you feel are necessary at your home. You may per if needed.
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circumstances led you to nee this program instead of anoth	xplain your current situation to the CPR Committee. For example; What ed assistance with home repairs? Why should your home be considered for her one in your neighborhood? You may attach additional sheets of paper if ed please sign and date the bottom of the form.
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qualify for or receive assista	erstand that submission of this application does not guarantee that I will ance from the Community Powered Revitalization Program or any of its' tions. I further understand that more documentation may be required to ation.
Signature:	Date:

COMMUNITY POWERED REVITALIZATION PROGRAM

HOMEOWNER WAIVER OF LIABILITY AND DISCLAIMER

(READ CAREFULLY BEFORE SIGNING)
I,, hereby acknowledge that I am the legal owner of the property located a ("Property") and that I have voluntarily agreed to participate in the Community Powered Revitalization Program ("Program") for certain construction and/or repairs (collectively the "Work" to the residence located on the Property. I further acknowledge that the Work will be performed at no charge to me by volunteers who will not be compensated for their labor.
I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I understand that the Program, and Work associated with the Program, involves certain risks that are inherent in such activities, specifically including, but not limited to, property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate.
In consideration of my participation in the Program, I hereby acknowledge that I assume and accept all risks in connection with the Program, and Work associated with the Program, for any harm, injury, or damage that may befal me or my Property as a result of the Program, Work associated with the Program, and/or my participation in the Program, including activities preliminary and subsequent to the Work and the Program, whether foreseen or unforeseen.
I understand and agree and hereby acknowledge that I will not attempt to hold the Program or any of the Released Persons (as defined below) liable in any way for any occurrences arising out of the Program, Work associated with the Program, and/or my participation in the Program that may result in injury, death, or other damages to me or my Property.
I DO HEREBY EXEMPT AND RELEASE THE CITY OF EULESS, THE CITY OF HURST, THE COMMUNITY POWERED REVITALIZATION PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE PROGRAM, WORK ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, ANY SUCH LIABILITY ARISING OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS, OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.
I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME AND/OR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING OUT OF THE PROGRAM, ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS ARISE OUT OF A CONSTRUCTION DEFECT WHETHER LATENT OR NOT LATENT, THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS; OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.
I also hereby grant and convey unto the Community Powered Revitalization Program all right, title, and interes in any and all photographic images and video or audio recordings made during the Program and/or Work associated with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Form ER-Application Revised 2/2009

Initial: ____

Date: _

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Waiver contains the entire agreement between me and the Community Powered Revitalization Program regarding the Program, Work associated with the Program, and my participation in the Program. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

SIGNE	I HAVE FULLY INFO DIT.	ORMED MYSELF O	F THE CONT	ENTS OF TH	HIS WAIVER	BY READING	IT BEFORE I
	SIGNED this the	day of	20				
			Signature: _				
			Printed Name	e:			
			Address:				

Telephone Number: